

OCT 05 2004

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/666,039	
	Filing Date	09/22/2003	
	First Named Inventor	FALLDIEN, Laurier	
	Art Unit	1854	
	Examiner Name	Susan D. COE	
Total Number of Pages in This Submission	4	Attorney Docket Number	DWE/MAGIC DRAGON/FALLDIEN

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	D.W.EGGINS		
Signature	<i>D. Eggins</i>		
Printed name	Douglas W.EGGINS		
Date	10/05/2004	Reg. No.	21175

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Typed or printed name	Douglas W.EGGINS	Date	10/05/2004

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

RE:

Application Ser. No.10/666,039

Applicant: FALLDIEN, Laurier

Filed: 09/22/2003

Title: ORAL RINSE

Examiner: Susan D. COE

Art Unit: 1654

Legal Instruments Examiner

Oct 5, 2004

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Notice of Non-Compliant Amendment mailed 09/29/2004 please

amend the above-identified Application as follows:

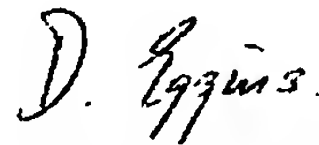
IN THE CLAIMS

Substitute the pages of Claims presented herewith for those previously submitted.

REMARKS

New claim pages are provided herewith which include the text of the withdrawn claims
and identify the 'original' claims.

Respectfully submitted

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